

EXHIBIT 6

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UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW JERSEY
MDL-NO. 16-2738 (FLW) (LHG)

IN RE: JOHNSON & JOHNSON

TALCUM POWDER PRODUCTS ORAL DEPOSITION OF:

MARKETING, SALES PRACTICES, DANIEL L.
CLARKE-PEARSON, MD

AND PRODUCTS LIABILITY

VOLUME 1

LITIGATION

* * * *

THURSDAY, AUGUST 26, 2021

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MASTROIANNI & FORMAROLI, INC.

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<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7 Transcript of proceedings in the</p> <p>8 above matter taken stenographically by</p> <p>9 Theresa Mastroianni Kugler, Certified Court Reporter,</p> <p>10 license number 30X100085700, Notary Public of the</p> <p>11 State of New Jersey and the Commonwealth of</p> <p>12 Pennsylvania at The Notary Hotel, 21 N. Juniper</p> <p>13 Street, Mezzanine 1, Philadelphia, Pennsylvania,</p> <p>14 commencing at 10:05 AM.</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p>1</p> <p>2 SKADDEN ARPS</p> <p>3 BY: ALLISON M. BROWN, ESQUIRE</p> <p>4 - and -</p> <p>5 BY: KATE MULLALEY, ESQUIRE</p> <p>6 ONE MANHATTAN WEST</p> <p>7 NEW YORK, NEW YORK 10001-8602</p> <p>8 212-735-3000</p> <p>9 212-735-2000/1</p> <p>10 allison.brown@skadden.com</p> <p>11 ATTORNEYS FOR THE DEFENDANT,</p> <p>12 JOHNSON & JOHNSON</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
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1 (On the record at 10:05 AM)

2 (DANIEL L. CLARKE - PEARSON, MD,

3 having been duly sworn, was examined and testified as

4 follows:)

5 (EXAMINATION OF DR. CLARKE-PEARSON BY MS. BROWN:)

6 Q. Dr. Clarke-Pearson, good morning, Dr.

7 Clarke, how are you?

8 A. I'm fine, thank you. Good morning.

9 Q. Good morning. I'm Alli Brown. We've

10 met before. It's nice to see you again.

11 A. Yes.

12 Q. I'm here with my colleague, Kate

13 Mullaley, and we have some questions for you on

14 behalf of Johnson & Johnson.

15 Okay?

16 A. Okay.

17 Q. So let's just do a couple of

18 housekeeping things, if we could.

19 What I'd like to do is mark as Exhibit

20 1 and 1-A the notice of your deposition and then the

21 amended notice of your deposition.

22 (Exhibit 1, notice of deposition of Dr.

23 Daniel L. Clarke-Pearson, is marked for

24 identification)

25 (Exhibit 1A, amended notice of

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1 Q. And we had a discussion with counsel

2 off the record, the documents are quite voluminous,

3 and so we will supplement this record with some kind

4 of electronic copy for the court reporter so that we

5 can somehow have a complete record of what was

6 produced in advance of your deposition.

7 And then, Dr. Clarke-Pearson, I

8 understand you have physically brought to your

9 deposition a very large, maybe three or four-inch

10 looking binder.

11 Would you be so kind on the record as

12 to explain to us what it is and then we will

13 supplement a copy, which I think would bring us to

14 Exhibit 4 for your binder.

15 (Exhibit 4, binder of Dr. Daniel L.

16 Clarke-Pearson, is marked for identification)

17 THE WITNESS: Okay. So this binder

18 contains materials that I reviewed in preparation for

19 this case.

20 There is three sections for the three

21 patients that we're going to be deposed -- I'm going

22 to be deposed about. So there is an expert report

23 for each one of those. There is a patient profile

24 report. A first amended profile report. A second

25 amended profile report. And this is with regard to

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1 deposition of Dr. Daniel L. Clarke-Pearson, is marked

2 for identification)

3 BY MS. BROWN:

4 Q. And I don't think we have to waste a

5 whole lot of time with these, Doctor, because I

6 understand through your counsel you've already

7 provided us with some responsive documents.

8 So mark those as 1 and 1-A.

9 MS. THOMPSON: And we filed objections

10 as well.

11 MS. BROWN: Sure.

12 BY MS. BROWN:

13 Q. And then I'd like to mark as Exhibit 2

14 the original Dropbox production of documents

15 responsive to this deposition notice.

16 (Exhibit 2, original Dropbox production

17 of documents responsive to deposition, is marked for

18 identification)

19 BY MS. BROWN:

20 Q. And then we will mark as Exhibit 3 a

21 supplement of those Dropbox documents which was

22 produced a few days ago.

23 (Exhibit 3, supplement of Dropbox

24 documents, is marked for identification)

25 BY MS. BROWN:

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1 Mrs. Converse.

2 Q. Okay.

3 A. And the deposition of Mrs. Converse.

4 The depositions of Marquis Converse.

5 Deposition of Jessica Hughes.

6 Deposition of Dr. Peter Schwartz.

7 Genetic testing report for

8 Mrs. Converse.

9 Second genetic testing report for

10 Mrs. Converse.

11 Dr. Schwartz final most recent clinic

12 note.

13 A consultation note from Memorial

14 Sloan-Kettering for Mrs. Converse dated August 28th,

15 2007.

16 Dr. Schwartz's operative note.

17 Now, Mrs. Newsom, my expert report.

18 Expert report from Dr. John Godleski.

19 Deposition of Mrs. Tamara Newsome.

20 Deposition of Daniel François.

21 And deposition of Taylor François.

22 Deposition of Ravin Garg.

23 And the deposition of Albert Steren.

24 And a plaintiff's questionnaire.

25 PPF.

Pages 10 to 13

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1 African-American population?

2 **A. Yes.**

3 Q. And one of the things the authors

4 conclude in that paper you know, Doctor, is that

5 African-American women use talc more than white

6 women, right?

7 **A. I think Schildkraut said that too, yes.**

8 Q. And you believe that to be true,

9 correct?

10 **A. That's what they determined, so I**

11 **accept that.**

12 Q. And yet in the Davis paper, number one,

13 they found no dose response, right?

14 MS. THOMPSON: Object to form.

15 THE WITNESS: I don't recall exactly

16 what they looked at.

17 BY MS. BROWN:

18 Q. And they found even though

19 African-American women used talc more than white

20 women, they found no statistically significant

21 association in African-American women, but they did

22 in white women, right?

23 MS. THOMPSON: If you're asking him

24 continued questions, I would like for him to have the

25 article in front of him.

Page 135

1 BY MS. BROWN:

2 Q. Sure.

3 And you guys sent me the article as

4 something you had looked at, is that true?

5 **A. I looked at it, but it's not something**

6 **that I have right on the top of my head.**

7 Q. Would you expect a population of women

8 who use more talcum powder to have a higher incidence

9 of ovarian cancer?

10 MS. THOMPSON: Object to form.

11 THE WITNESS: It depends upon a lot of

12 other factors, other risk factors that have to do

13 with ovarian cancer.

14 BY MS. BROWN:

15 Q. Like what?

16 **A. Parity, whether patients have had their**

17 **tubes tied, their age, breast feeding. I mean a**

18 **variety of other -- the risks factors that you know**

19 **as well as I do. And African-American women don't**

20 **necessarily all have the same risk factors.**

21 Q. African-American women, to your

22 knowledge, use talcum powder more than white women,

23 true?

24 **A. That's my understanding.**

25 Q. And on sheer rates of incidence,

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1 African-American women get ovarian cancer less than

2 white women, right?

3 **A. That's my understanding.**

4 Q. And that's not what you would

5 necessarily expect if talcum powder was causing

6 ovarian cancer, right?

7 MS. THOMPSON: Object to form.

8 THE WITNESS: So talcum powder isn't

9 the only cause of ovarian cancer. So other risk

10 factors modulate the risk that talcum powder might

11 bring to the table, so to speak. So I'm not saying

12 that talcum powder is the only cause of ovarian

13 cancer as there are many things contribute to it, so

14 it's a multifactorial disease.

15 BY MS. BROWN:

16 Q. Have you done an investigation into the

17 causes of ovarian cancer by race?

18 MS. THOMPSON: Object to form.

19 THE WITNESS: We know that genetically

20 African-American have different genetics. They

21 carry, for example, more often a P-53 mutation, for

22 example.

23 So those are issues that are not --

24 that are racial to some degree and so that would be

25 an example of a difference that isn't modifiable in

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1 the environment. It doesn't impact fertility or

2 breast feeding or tubal ligations, things like that.

3 BY MS. BROWN:

4 Q. The P-53 mutation is a somatic

5 mutation, right?

6 **A. Is a what?**

7 Q. Somatic mutation?

8 **A. Yes. It can be. Not always.**

9 Q. And, in fact, most high-grade serous

10 cancers contain a P-53 mutation, right?

11 **A. Many do.**

12 Q. And are you suggesting that there is

13 some scientific literature that suggests that ovarian

14 cancers in African-American women show more P-53

15 mutations than in white women?

16 MS. THOMPSON: Object to form.

17 THE WITNESS: I was really referencing

18 in my own mind in terms of genetic differences by

19 race endometrial cancer. And P-53 in black women is

20 much more common in the somatic form. So I don't

21 know about ovarian cancer. But what I'm trying to

22 say is that African-American women genetically have

23 differences than white women.

24 BY MS. BROWN:

25 Q. And you referenced endometrioid --

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1 reasonable that each year two thousand women get
 2 ovarian cancer, have you endeavored to compare that
 3 number, two thousand, with the number of lawsuits
 4 each year filed against Johnson & Johnson?
 5 **A. I'm not --**
 6 MS. THOMPSON: Object to form.
 7 THE WITNESS: I'm not sure how I would
 8 get that information.
 9 BY MS. BROWN:
 10 Q. But do you understand what I'm saying?
 11 Have you looked at or have you asked
 12 the lawyers for information about, for example, how
 13 many people have sued J&J saying that in 2014 their
 14 ovarian cancer was caused by talc?
 15 MS. THOMPSON: Object to form.
 16 THE WITNESS: So specifically, let me
 17 just see if I can -- I'm going to rephrase it and see
 18 if I'm asking the question that you're trying to ask.
 19 BY MS. BROWN:
 20 Q. Yes.
 21 **A. That of the patients in a particular**
 22 **year, let's say 2020, there were 22 thousand new**
 23 **cases. And that 10 percent of those, if we use**
 24 **Cramer's evaluation, so two thousand two hundred**
 25 **would have developed ovarian cancer, how many of**

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1 right?
 2 BY MS. BROWN:
 3 Q. Sure.
 4 But what if the allegations of when
 5 they got cancer are limited to four or five years?
 6 MS. THOMPSON: Object to form.
 7 THE WITNESS: Right.
 8 BY MS. BROWN:
 9 Q. Right?
 10 Are you aware of anything scientific
 11 literature that would support a higher percentage of
 12 the annual amount of ovarian cancer cases
 13 attributable to talc?
 14 MS. THOMPSON: Object to form.
 15 THE WITNESS: No.
 16 BY MS. BROWN:
 17 Q. So looking back at your PowerPoint
 18 presentation, you say as we've discussed a couple of
 19 bullets down, most women who get ovarian cancer are
 20 55 or older, right?
 21 **A. Yes.**
 22 Q. And it's slightly more common in white
 23 women than African-American women, right?
 24 **A. We've talked about that, yes.**
 25 Q. Okay.

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1 **those 22 thousand patients filed suit?**
 2 Q. Slightly different. Close.
 3 **A. Okay.**
 4 Q. Here is what I'm after: You
 5 acknowledged in your correspondence with SGO and ACOG
 6 that Johnson & Johnson is facing tens of thousands of
 7 lawsuits, right?
 8 **A. Yes.**
 9 Q. I think the number you used was 30
 10 thousand?
 11 **A. That's what I've been told, yes.**
 12 Q. So I'm wondering if you've done an
 13 analysis. If you take Cramer's number, which seems
 14 reasonable to you, right, that every year two
 15 thousand cases are due to talc, have you looked to
 16 see -- take any year, 2014, if Cramer says the
 17 science supports two thousand are due to talc, have
 18 you looked to see how many lawsuits were filed
 19 claiming that Johnson & Johnson is responsible for
 20 ovarian cancer?
 21 MS. THOMPSON: Object to form.
 22 THE WITNESS: I don't know that.
 23 One could look at it differently and
 24 say that if two thousand patients a year over 15
 25 years filed suit, that would be 30 thousand cases,

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1 And if you turn to the next page, you
 2 have a slide, this is page 17 of the document and 34
 3 of the slide deck, you have a slide devoted to risk
 4 factors for ovarian cancer, right?
 5 **A. Yes.**
 6 Q. And we already saw earlier in your
 7 presentation that you defined risk factors as
 8 anything that can increase a women's risk of ovarian
 9 cancer, right?
 10 **A. Right.**
 11 Q. And here the first bullet you have is
 12 hereditary risk factors, right?
 13 **A. Yes.**
 14 Q. BRCA1 and BRCA2 gene mutations, right?
 15 What are you writing?
 16 **A. I'm just making a few additional notes.**
 17 **You're welcome to look at them.**
 18 Q. So, you can tell me what they are when
 19 we're done.
 20 **A. Sure.**
 21 Q. I'm going to guess that you're adding
 22 some other risk factors that are not --
 23 **A. Yeah, there are a lot of risk factors**
 24 **that we didn't list here.**
 25 Q. You did list hereditary, right?

Pages 162 to 165

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1 **A. Yes. That's important for women to be**
 2 **aware of their family history and knowing that that's**
 3 **the most significant risk factor.**
 4 Q. And you did list age, correct?
 5 **A. Yes.**
 6 Q. And you did list obesity, right?
 7 **A. Yes.**
 8 Q. And you did list nulliparity, right?
 9 **A. Yes.**
 10 Q. You did list a family history of
 11 breast, ovarian or colon cancer, right?
 12 **A. Yes.**
 13 Q. You did list personal history of breast
 14 cancer, right?
 15 **A. Right.**
 16 Q. You did not list perineal use of talc?
 17 **A. And there is a good number of other**
 18 **risk factors that I didn't list as well. Including**
 19 **polycystic ovarian syndrome, pelvic inflammatory**
 20 **disease, IUD use, endometriosis. We didn't mention**
 21 **Lynch syndrome in the hereditary which is also very**
 22 **important. So there is a number of risk factors that**
 23 **were not listed.**
 24 BY MS. BROWN:
 25 Q. By February of 2021, you had been

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1 reviewed it and accept responsibility that all the
 2 risk factors for ovarian cancer weren't listed here.
 3 BY MS. BROWN:
 4 Q. Did you endeavor to list risk factors
 5 for ovarian cancer in the order of importance?
 6 **A. Not necessarily.**
 7 MS. THOMPSON: Object to form.
 8 THE WITNESS: Some of these are almost
 9 redundant.
 10 BY MS. BROWN:
 11 Q. Is there any particular reason you did
 12 not include talcum powder in the list of risk factors
 13 for ovarian cancer --
 14 MS. THOMPSON: Object to form.
 15 BY MS. BROWN:
 16 Q. -- in the recent presentation you gave
 17 in February of 2021?
 18 MS. THOMPSON: Object to form.
 19 THE WITNESS: No, there is not a
 20 reason, there is no reason for a number of other risk
 21 factors that are omitted also.
 22 BY MS. BROWN:
 23 Q. Didn't you think this would be a good
 24 opportunity to get the word out that you believed
 25 talcum powder causes ovarian cancer?

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1 working as an expert witness for plaintiffs in the
 2 talc litigation for several years, correct?
 3 **A. Yes.**
 4 Q. You had written upwards of six emails
 5 to the American College of Obstetrics and
 6 Gynecologists and the Society of Gynecologic
 7 Oncologists asking them to please get the word out to
 8 women that talcum powder is causing a fatal
 9 gynecologic cancer, correct?
 10 **A. Yes.**
 11 Q. And you had an opportunity to present
 12 information about risk factors to a lay audience in
 13 2021 of this year, correct?
 14 **A. Yes.**
 15 Q. And you did not include talcum powder
 16 exposure as a risk factor for ovarian cancer in your
 17 presentation?
 18 **A. We failed to list a number of risk**
 19 **factors, including talcum powder.**
 20 Q. Did you intentionally omit talcum
 21 powder from the list of risk factors for ovarian
 22 cancer?
 23 MS. THOMPSON: Object to form.
 24 THE WITNESS: We did not intentionally.
 25 My nurse put this together. I will lay claim that I

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1 **A. I agree it was a lost opportunity on my**
 2 **part.**
 3 Q. Will you reach out to the Lineberger
 4 cancer internet and amend these slides?
 5 **A. Now that you tell me they're still**
 6 **online we're not just a one and done presentation,**
 7 **yes.**
 8 Q. You weren't aware until I showed you
 9 that these slides were available, is that right?
 10 **A. That's correct.**
 11 Q. Are there other presentations that
 12 you've given for which you made slides in the last
 13 two years?
 14 MS. THOMPSON: Object to form.
 15 THE WITNESS: Not that I recall.
 16 BY MS. BROWN:
 17 Q. These slides regarding ovarian cancer,
 18 were they created just for this presentation or are
 19 they from material that you and your colleagues have
 20 at UNC?
 21 **A. This is a slide set that my nurse had**
 22 **made. I think she probably had used it previously**
 23 **for public educational purposes that I was not**
 24 **involved with. And we went with -- she and I went**
 25 **back and forth about how this was going to go. I**

Pages 166 to 169

Page 214

1 yes. We don't know.
 2 Do you see that testimony?
 3 **A. I do.**
 4 **Just one moment, let me go back and**
 5 **reread and understand this again.**
 6 Q. Sure.
 7 **A. Okay. I see that.**
 8 Q. Okay. So your testimony in February of
 9 2019 was that other than identifying a specific
 10 genetic mutation, it would be impossible to identify
 11 the cause of an individual woman's ovarian cancer,
 12 correct?
 13 **A. You know, I think that's not what I was**
 14 **trying to say. I see what you're saying. But it's**
 15 **not exactly what I was trying to say. I was trying**
 16 **to say that a mutation causes ovarian cancer. It**
 17 **causes all cancers actually.**
 18 Q. Sure.
 19 **A. So there is a mutation, whether we can**
 20 **identify it or not. I'm confident of that.**
 21 Q. What you were asked, though, is: Other
 22 than that when you can identify a specific mutation,
 23 is it impossible to determine the cause of an ovarian
 24 cancer for any individual woman, and your answer was
 25 yes.

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1 Right?
 2 **A. Well, that was my answer at the time.**
 3 Q. And, in fact, though, that's exactly
 4 what you're doing here for the three women that we're
 5 going to discuss over the next day, right?
 6 MS. THOMPSON: Object to form.
 7 THE WITNESS: Um-hum.
 8 BY MS. BROWN:
 9 Q. What's changed that allows you to now,
 10 two years later, identify the cause of an individual
 11 woman's cancer?
 12 MS. THOMPSON: Object to form.
 13 THE WITNESS: What's changed is I
 14 believe more and more that this is a multifactorial
 15 disease that results in a gene mutation.
 16 We clearly cannot identify the great
 17 majority of gene mutations that cause ovarian cancer.
 18 So I think, in retrospect, I misspoke when going
 19 through this line of questioning which was proceeded
 20 by a discussion about a specific gene mutation, BRCA1
 21 and 2, and we flowed into that.
 22 BY MS. BROWN:
 23 Q. You do not stand by the testimony that
 24 you gave in February of 2019?
 25 **A. I think I would modify that testimony.**

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1 MS. THOMPSON: Object to form.
 2 BY MS. BROWN:
 3 Q. You do not stand by the testimony that
 4 I just read you from 2019, is that correct?
 5 MS. THOMPSON: Object to form. Asked
 6 and answered. Misstates.
 7 THE WITNESS: I don't stand by that
 8 because I think I was -- I misspoke or I got caught
 9 up in the discussion that was leading towards
 10 specific mutations.
 11 We know all cancers are caused by a
 12 mutation, we can't always identify them.
 13 BY MS. BROWN:
 14 Q. Let's go down, continue on page 94. I
 15 want to direct you to the question that was asked of
 16 you at line 18.
 17 You were asked: Other than genetic
 18 profiling, in your practice, do you diagnose what
 19 caused your patients' ovarian cancer?
 20 There was an objection.
 21 Your answer was: We don't. There's
 22 no -- I don't think anybody can.
 23 Do you see that?
 24 **A. Yes.**
 25 Q. Okay. Do you stand by your testimony

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1 from 2019 that you don't think anybody can diagnose
 2 what caused an individual patient's ovarian cancer?
 3 **A. I think because it's multifactorial,**
 4 **it's very difficult for anybody to specifically say**
 5 **one thing caused ovarian cancer. Even going back to**
 6 **BRCA1 mutation, that didn't necessarily cause the**
 7 **cancer, it made her at higher risk.**
 8 Q. Right. Because the truth is, we don't,
 9 in an individual woman's case, we don't know what
 10 caused her cancer, her ovarian cancer, right?
 11 MS. THOMPSON: Object to form.
 12 THE WITNESS: We know the factors that
 13 contributed to the cause of those mutations that
 14 resulted in the cancer.
 15 BY MS. BROWN:
 16 Q. Right. But as you testified to in
 17 2019, it's impossible to say in any one woman, you
 18 said right here, nobody can do it, what caused --
 19 what actually made her get ovarian cancer, right?
 20 MS. THOMPSON: Object to form.
 21 Misstates testimony.
 22 THE WITNESS: I think that we -- yes, I
 23 don't think we can exactly always say what caused it.
 24 BY MS. BROWN:
 25 Q. Because one of the things I want to ask

Pages 214 to 217

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1 you about when it comes to a specific woman, an
2 individual woman, is that you would agree for any
3 individual woman, like the three women you're opining
4 on in this case, by and large we don't know the known
5 causes of ovarian cancer, right?

6 MS. THOMPSON: Object to form.

7 THE WITNESS: We know a lot of the risk
8 factors that result in ovarian cancer that cause
9 ovarian cancer. The exact contribution of each one,
10 I don't think we can quantitate.

11 BY MS. BROWN:

12 Q. In this deposition towards the end you
13 said something like: When it comes to risk factors
14 of ovarian cancer, what we do know is far less than
15 what we don't know.

16 Do you stand by that testimony?

17 MS. THOMPSON: Object to form. You
18 need to show it to him.

19 THE WITNESS: Is that in here or is
20 that --

21 BY MS. BROWN:

22 Q. I'll show it to you.

23 We're going to march through and we'll
24 get to it.

25 Do you agree that 15 to 20 percent of

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1 BY MS. BROWN:

2 Q. What is causing the other 70 percent of
3 ovarian cancer?

4 **A. So you're trying to make it sound like**
5 **there is one cause for ovarian cancer. So I will**
6 **just go on record and say I disagree with that to**
7 **start with.**

8 Q. Okay.

9 **A. There are things that contribute. And**
10 **so there are mutations, I've said that many times,**
11 **that result in cancer. Those mutations are not just**
12 **one mutation, it's not just BRCA1 mutation because**
13 **that doesn't cause ovarian cancer in every patient**
14 **that's got a BRCA mutation, you know that. So what**
15 **is it that made that patient with the BRCA mutation**
16 **go on to develop ovarian cancer and what about the**
17 **other 70 percent that didn't? And it's those other**
18 **causes of ovarian cancer, talcum powder, multi --**
19 **nulliparity, multiple ovulations, other things that**
20 **contribute to that that are other causative factors.**
21 **So there is more than one cause for any one patient's**
22 **ovarian cancer.**

23 Q. So for all three of the plaintiffs for
24 which you are providing a specific causation opinion,
25 do you believe that those individual women had causes

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1 ovarian cancer is caused by a genetic mutation?

2 **A. That we've been able to identify to**
3 **date, yes.**

4 Q. So if you have all ovarian cancer, you
5 would agree, 15 to 20 percent is caused by a known
6 genetic mutation, right?

7 **A. The known genetic mutation is a major**
8 **contributor to their ovarian cancer, it didn't**
9 **necessarily cause it.**

10 Q. And then as we talked about earlier,
11 you think it's reasonable to say, based on your read
12 of the literature, ten percent of ovarian cancer is
13 caused by talc, right?

14 MS. THOMPSON: Object to form.

15 THE WITNESS: You're going from
16 Cramer's paper? Which I would have to do my own
17 calculation, but I'll accept Cramer's paper for right
18 now.

19 BY MS. BROWN:

20 Q. So that gets us to, in your view or
21 acceptance of the literature that we've been
22 discussing, 30 percent of ovarian cancer cases for
23 which we can identify a cause, right?

24 **A. Yes.**

25 MS. THOMPSON: Object to form.

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1 other than talcum powder for their ovarian cancer?

2 MS. THOMPSON: Object to form.

3 THE WITNESS: I think we'll have to
4 talk about each one specifically.

5 BY MS. BROWN:

6 Q. Do you believe that in any individual
7 woman the majority -- for the majority of women who
8 get ovarian cancer, we do not know the cause?

9 MS. THOMPSON: Object to form.

10 THE WITNESS: We know the cause from
11 mutations that result in the cancer. What caused
12 those mutations we can often times identify. We
13 can't identify all the things that cause mutations.

14 BY MS. BROWN:

15 Q. Well, it seems like we can only
16 identify what caused the mutation in 15 to 20 percent
17 of the cases, right?

18 MS. THOMPSON: Object to form.

19 MS. PARFITT: Objection.

20 Argumentative.

21 THE WITNESS: Those are the mutations
22 that we can identify. There are others, I'm sure,
23 that are happening.

24 These are not inherited mutations,
25 these are mutations that occurred through life from

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1 other exposures; whether it's exposure to talcum
2 powder, whether it's exposure to ionizing radiation,
3 whether it's inadequate or -- inaccurate or improper
4 repair of cell damage, gene damage that doesn't get
5 repaired and then results in a mutation that just
6 happens spontaneously. There is a variety of
7 different ways that mutations happen and it's not
8 just one mutation that causes the cancer, it's
9 several, many of which we can't identify right now.
10 BY MS. BROWN:
11 Q. So if there are many mutations that we
12 can't identify right now, how can you ever conclude
13 that it was talcum powder that caused an individual
14 woman's ovarian cancer?
15 MS. THOMPSON: Object to form.
16 THE WITNESS: Talcum powder was one of
17 the causes, not the only cause. BRCA1 mutation is
18 not the only cause.
19 BY MS. BROWN:
20 Q. But if you take any individual woman,
21 you would agree that not all women who used talcum
22 powder for feminine hygiene get ovarian cancer,
23 right?
24 A. **That's true, yes.**
25 Q. Just because an individual woman uses

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1 patient's gene or genes that result in ovarian
2 cancer.
3 BY MS. BROWN:
4 Q. Respectfully, I think we're missing
5 each other on the question, Doctor.
6 Here's what I'm trying to understand.
7 You would agree that not one hundred
8 percent of people who use talc are going to get
9 ovarian cancer?
10 A. **Of course.**
11 MS. THOMPSON: Object. Asked and
12 answered.
13 BY MS. BROWN:
14 Q. So what that means is that you can be a
15 talc user, a long-term talc user, and not develop
16 ovarian cancer from talc?
17 MS. THOMPSON: Object. Asked and
18 answered. And argumentative.
19 MS. BROWN: Okay. You really have to
20 stop. It's form. Okay? Please. It's like loud,
21 it's disruptive. These are legitimate questions
22 about a really serious opinion that your expert has.
23 MS. THOMPSON: I agree, but it's been
24 asked over and over again.
25 MS. BROWN: It's not. It's not. And

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1 talc for feminine hygiene and uses it for a long time
2 period, doesn't necessarily mean she's going to get
3 ovarian cancer, right?
4 A. **That's correct.**
5 Q. So knowing that a woman used talcum
6 powder for feminine hygiene purposes can't be enough
7 to let you conclude that it was that talcum powder
8 that caused her ovarian cancer, right?
9 MS. THOMPSON: Object to form.
10 THE WITNESS: It was one of the causes
11 in those women that develop ovarian cancer. We know
12 that talcum powder causes increased risk of ovarian
13 cancer.
14 BY MS. BROWN:
15 Q. Right. I'm with you.
16 A. **Okay.**
17 Q. Yeah, I'm with you, but if not every
18 woman that uses talc was going to get ovarian cancer,
19 then the fact that a woman uses talc can't be enough
20 for you to conclude talc was the cause, right?
21 MS. THOMPSON: Object to form.
22 THE WITNESS: It was one of the
23 factors. It's a multifactorial disease. And so if
24 the patient has these other mutational hits and in
25 addition has talc, that's just one more hit to that

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1 I'm totally allowed to explore this and if you're
2 going to continue to be disruptive, we need to call
3 the judge.
4 MS. THOMPSON: All right. We can do
5 that.
6 MS. PARFITT: Just let me say one
7 thing, the last objection by Dr. Thompson was
8 objection, asked and answered, argumentative. Alli,
9 you do that all the time.
10 MS. BROWN: Okay. Let's call Judge
11 Schneider.
12 MS. PARFITT: I'll call him.
13 Just so we're really clear, you are
14 objecting to Ms. Thompson saying objection, form,
15 argumentative, asked and answered because that's --
16 MS. BROWN: I am. I am. And
17 repeatedly -- there is no form objection --
18 MS. THOMPSON: I'd like to have the
19 transcript of the last six questions because they're
20 all exactly the same.
21 MS. BROWN: It's a legitimate area of
22 inquiry that you guys are going to be allowed to ask
23 our expert. Like we should want to get to the
24 scientific truth. Okay?
25 MS. PARFITT: Can I just say something,

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1 BY MS. BROWN:
 2 Q. Is it your opinion, Dr. Clarke-Pearson,
 3 that every woman who uses talc and gets ovarian
 4 cancer has talc as one of the causes of her ovarian
 5 cancer?
 6 A. Yes.
 7 MS. THOMPSON: Object to form.
 8 BY MS. BROWN:
 9 Q. So the only thing you need to know to
 10 conclude that an individual woman has talc as a cause
 11 of her ovarian cancer is the claim that she used
 12 talc?
 13 MS. THOMPSON: Object to form.
 14 THE WITNESS: Yes.
 15 BY MS. BROWN:
 16 Q. The only information you, Dr.
 17 Clarke-Pearson, need to form a specific causation
 18 opinion, like the ones you're giving in this case, is
 19 the word of a woman that she used talc, right?
 20 MS. THOMPSON: Object to form.
 21 THE WITNESS: The word of a woman is
 22 just part of it. I mean I think we, in these three
 23 cases that we're gonna talk about in more detail,
 24 talc has been identified in the tissue of all of
 25 these women.

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1 specific patient?
 2 BY MS. BROWN:
 3 Q. Sure.
 4 A. I mean if a patient told me she never
 5 used talcum powder, then I would say talcum powder
 6 didn't cause her ovarian cancer.
 7 Q. But if anybody said they used talcum
 8 powder and they get ovarian cancer, you are of the
 9 view that talcum powder was a cause of their ovarian
 10 cancer?
 11 MS. THOMPSON: Object to form.
 12 THE WITNESS: Well, I'm particularly
 13 impressed when women have used it on a consistent and
 14 sustained basis. I mean one application isn't going
 15 to cause ovarian cancer.
 16 BY MS. BROWN:
 17 Q. How many applications do you require to
 18 form a causation opinion?
 19 A. We don't have an exact break point --
 20 MS. THOMPSON: Object to form.
 21 Dr. Clarke-Pearson, it would be better
 22 if you could let me get my objection out.
 23 Thanks.
 24 BY MS. BROWN:
 25 Q. Let me just reask it then.

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1 BY MS. BROWN:
 2 Q. Well, you didn't rely on that for your
 3 causation opinion, though?
 4 MS. THOMPSON: Object to form.
 5 THE WITNESS: It feeds into my
 6 causation opinion.
 7 BY MS. BROWN:
 8 Q. You concluded that talc was a cause of
 9 Hilary Converse's ovarian cancer before you ever saw
 10 Dr. Godleski's report, right?
 11 A. Yes.
 12 Q. So I want to talk about your ability to
 13 do that, right? Your ability, putting aside Dr.
 14 Godleski, your ability to look at an individual like
 15 Hilary Converse, you would agree that the only
 16 evidence you have that Hilary Converse used talc is
 17 from a lawsuit that Hilary Converse filed, right?
 18 MS. THOMPSON: Object to form.
 19 THE WITNESS: Her deposition, her
 20 family's depositions.
 21 BY MS. BROWN:
 22 Q. So the information comes from -- in the
 23 context of a lawsuit, right?
 24 MS. THOMPSON: Object to form.
 25 THE WITNESS: With regard to this

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1 How many applications do you require
 2 for an individual woman to allege before you would
 3 conclude that talc caused her ovarian cancer?
 4 A. I don't have --
 5 MS. THOMPSON: Object to form.
 6 THE WITNESS: I don't have a specific
 7 number.
 8 BY MS. BROWN:
 9 Q. And so if I understand you, Dr.
 10 Clarke-Pearson, what you're saying is, if any woman
 11 says she used talcum powder and then she develops
 12 ovarian cancer, you are of the view that talcum
 13 powder was a cause of her ovarian cancer, right?
 14 MS. THOMPSON: Object to form.
 15 THE WITNESS: A contributing cause of
 16 her ovarian cancer.
 17 BY MS. BROWN:
 18 Q. And how can you have that opinion if
 19 you know that not every woman who uses talc is going
 20 to get ovarian cancer from talc?
 21 MS. THOMPSON: Object to form.
 22 THE WITNESS: Well, you're reversing,
 23 you're reversing what I'm saying.
 24 Maybe the talc caused a mutation, but
 25 she didn't have enough other mutations to get ovarian

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1 Q. Do you know of any way that you or
2 anyone else can say, in this group of 17 women who
3 have ovarian cancer who use talc, it's these four who
4 developed it because of their talcum powder use
5 versus the 13 that we know would have been diagnosed
6 with ovarian cancer whether they ever used talc or
7 not?
8 Do you see that?
9 **A. Yes.**
10 Q. And you say: So this is a hypothetical
11 that one thousand women used talcum powder and we
12 knew if they hadn't used talcum powder that 13 of
13 them would develop it and then the other four develop
14 it because in my opinion they used talcum powder?
15 That was your question, right?
16 **A. Yes.**
17 Q. And the questioner says: Right.
18 That's the difference between the background rate and
19 the rate, it's your opinion, is associated with talc,
20 right?
21 **A. Yes.**
22 Q. And so we ultimately get down to a
23 question at 325, line nine.
24 Do you see that?
25 **A. Yes.**

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1 Q. And you're asked: Do you know of any
2 methodology that would allow someone to identify
3 which of the four out of 17 were associated with talc
4 use versus associated with just living that long?
5 There was an objection.
6 And you say: I'm not aware. If you're
7 talking about biomarkers or something else, I'm not
8 aware of any that would distinguish between cancer
9 caused by talc and cancer caused by age alone.
10 Do you see that?
11 **A. Yes.**
12 Q. But, in fact, that's what you're doing
13 in this case, right?
14 MS. THOMPSON: Object to form.
15 THE WITNESS: We know that talc
16 causes -- is a contributing factor -- is a
17 contributing cause of ovarian cancer.
18 BY MS. BROWN:
19 Q. But in 2019, you were asked: Is there
20 any way, in a bunch of people who used talc, to say
21 who got ovarian cancer for other reasons because they
22 would have gotten it anyway or who got it because
23 they used talc?
24 And your testimony at the time was that
25 there is no way. We don't know.

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1 Do you stand by that testimony?
2 **A. I stand by that. We don't have a**
3 **biomarker.**
4 Q. Or something else anyway, right?
5 MS. THOMPSON: Object to form.
6 THE WITNESS: Yes.
7 BY MS. BROWN:
8 Q. The state of the science today is that
9 there is no way to tell, in an individual woman who
10 used talc, whether she got ovarian cancer because of
11 her talc use or because she was a percentage of women
12 who would develop ovarian cancer anyway, right?
13 MS. THOMPSON: Object to form.
14 THE WITNESS: Yes.
15 BY MS. BROWN:
16 Q. So this testimony that you gave in 2019
17 is testimony you agree with today, correct?
18 MS. THOMPSON: Object to form.
19 THE WITNESS: Yes.
20 BY MS. BROWN:
21 Q. And what that means is that for any one
22 of the three women that you're here to talk about,
23 you can't offer the opinion to our jury that but for
24 their talc use, they never would have gotten ovarian
25 cancer, correct?

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1 MS. THOMPSON: Objection.
2 THE WITNESS: That's correct.
3 BY MS. BROWN:
4 Q. And you can't offer the opinion to our
5 jurors that it was their use of talc, and not just
6 living on the planet for the number of years that
7 they did, that was the cause of the ovarian cancer
8 that they developed, right?
9 MS. THOMPSON: Objection.
10 THE WITNESS: The answer is: We know
11 it contributed to the cause of their ovarian cancer.
12 It was one of the causes -- it's not -- you keep
13 trying to make it become one cause, the way you're
14 stating this. It's not just one cause. There are
15 multiple things that cause ovarian cancer when they
16 come together as a multifactorial impact on that
17 ovarian tissue that becomes malignant.
18 BY MS. BROWN:
19 Q. They can, right, or they cannot, right?
20 I mean, what you were being asked about
21 here was that if you have a thousand women who used
22 talc, right?
23 **A. Yes.**
24 Q. 13 of those women were going to develop
25 ovarian cancer anyway, right? Statistically.

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1 BY MS. BROWN:
2 Q. And other than the Saed poster, is
3 there any additional literature on which you rely for
4 the opinion you're giving that talcum powder is
5 working in conjunction with something else that's
6 causing mutations?
7 MS. THOMPSON: Objection.
8 THE WITNESS: I didn't say talcum
9 powder is working in conjunction with anything else.
10 BY MS. BROWN:
11 Q. Did you say that ovarian cancer is
12 multifactorial?
13 A. Yes.
14 Q. Is talcum powder, as a single factor,
15 enough to cause ovarian cancer?
16 MS. THOMPSON: Objection.
17 THE WITNESS: I don't believe so.
18 BY MS. BROWN:
19 Q. So talcum powder exposure has to work
20 with something else for ovarian cancer to develop?
21 A. The way --
22 MS. THOMPSON: Objection.
23 THE WITNESS: The way I'm hearing you
24 frame it, it sounds like they're working together.
25 There could be separate mutations happening because

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1 A. Yes.
2 Q. And you believe that not all 5 to 10,
3 in any individual woman, is caused by talc, is that
4 right?
5 A. Yes, I don't believe that.
6 Q. How many of the required 5 to 10
7 mutations are caused by talc, in your opinion?
8 MS. THOMPSON: Objection.
9 THE WITNESS: Possibly even only one.
10 We don't know.
11 BY MS. BROWN:
12 Q. Or possibly none, right?
13 MS. THOMPSON: Objection.
14 THE WITNESS: Yes, possibly none.
15 BY MS. BROWN:
16 Q. And how many of the 5 to 10 mutations
17 required to cause ovarian cancer are caused by age?
18 A. By age?
19 MS. THOMPSON: Objection.
20 THE WITNESS: We don't know.
21 BY MS. BROWN:
22 Q. Could all 10 mutations be caused by
23 age?
24 MS. THOMPSON: Objection.
25 THE WITNESS: Age is just a timeline

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1 of different causes. They're not working together.
2 They're separate events that are happening.
3 BY MS. BROWN:
4 Q. I think I understand what you're
5 saying.
6 What scientific articles do you rely on
7 for the fact that talcum powder and other things
8 causing mutations come together to cause ovarian
9 cancer?
10 MS. THOMPSON: Objection.
11 THE WITNESS: I think that's a
12 basic principle in oncology, that it's not just one
13 mutation that causes a cancer, it's multiple. And
14 that with epithelial types of cancers, it's
15 propositioned by the scientists that look at the
16 causes of cancer, that they're multiple mutations,
17 somewhere between, usually expected about 5 to 10
18 mutations.
19 BY MS. BROWN:
20 Q. Do you have a source for your opinion?
21 A. I can give you a source.
22 Q. Okay.
23 A. There is probably several sources.
24 Q. And so you believe that ovarian cancer
25 requires 5 to 10 mutations?

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1 during which mutations are happening. So what -- age
2 doesn't cause a mutation, age just allows time to
3 pass when the mutations can occur from whatever
4 cause.
5 BY MS. BROWN:
6 Q. But doesn't it also provide your body
7 time to not be able to repair mutations that may
8 occur over the course of your lifetime?
9 A. Yes. That's what I'm saying.
10 Q. So just by being a woman living on this
11 planet, your body may essentially lose the ability
12 over time to repair mutations that you were able to
13 repair when you were young, right?
14 A. Yes.
15 Q. And that could have nothing to do with
16 environmental exposures, right?
17 A. Yes.
18 Q. That's just a factor, unfortunately, of
19 getting older and what happens to your body's ability
20 to repair damage?
21 A. That's one risk factor for ovarian
22 cancer.
23 Q. And in terms of the state of the
24 science, I think you said we don't know how many of
25 the requisite 5 to 10 mutations required for ovarian

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1 of ovarian cancer because her mom had breast cancer?

2 A. I was.

3 Q. Okay. You were.

4 And, in fact, you authored a report in

5 this litigation that says her family history of

6 breast cancer caused her ovarian cancer.

7 MS. THOMPSON: Objection.

8 THE WITNESS: It's a causative -- one

9 contributing cause of her ovarian cancer. The other

10 contributing cause being talcum powder.

11 BY MS. BROWN:

12 Q. Okay. So not only was it a risk

13 factor, her mom having breast cancer contributed to

14 cause her clear cell carcinoma, right?

15 A. It may.

16 MS. THOMPSON: Objection.

17 THE WITNESS: It may have contributed

18 to the cause of her -- as one of the causes of her

19 ovarian cancer.

20 BY MS. BROWN:

21 Q. Well, you say it did. I mean did it or

22 may it have?

23 What is your opinion.

24 MS. THOMPSON: Objection.

25 THE WITNESS: I think it was a

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1 and in the cervix.

2 Q. Did she have cancer in the lymph nodes

3 in which Dr. Godleski claims to have found particles

4 consistent with talc?

5 A. No.

6 Q. Did she have cancer in the pelvis or,

7 I'm sorry, did you say cervix?

8 A. The cervix.

9 Q. Did she have cancer in the cervix in

10 which Dr. Godleski claims to have particles

11 consistent with talc?

12 A. No.

13 Q. Did Dr. Godleski find talc in the

14 tissues that had cancer?

15 A. Not of the tissues that he studied.

16 Q. Did Dr. Godleski look to see if Ms.

17 Converse's pathology showed evidence of

18 endometriosis?

19 A. I think he did. And [REDACTED]

20 [REDACTED]

21 [REDACTED]

22 [REDACTED]

23 Q. Well, did you read the deposition of

24 Dr. Peter Schwartz?

25 A. I did.

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1 contributing cause.

2 BY MS. BROWN:

3 Q. So you are of the opinion that Ms.

4 Converse's mother having breast cancer contributed to

5 cause her ovarian cancer?

6 A. Yes. But it wasn't the only cause.

7 MS. THOMPSON: Objection.

8 BY MS. BROWN:

9 Q. Okay.

10 And you see here that you reserved the

11 right to update this report after Godleski's report

12 was available, right?

13 A. Yes.

14 Q. Because at the time you formed the

15 opinion that talc was a contributing cause of Ms.

16 Converse's clear cell cancer, you had not been

17 provided with Dr. Godleski's report, correct?

18 A. That's correct, but now I have it and

19 it is yet another piece of evidence that talcum

20 powder migrated to her ovaries and is contributing to

21 the cause of her ovarian cancer.

22 Q. Where did Dr. Godleski find the

23 particles he claimed are talc?

24 A. Found it in her pelvis. My recall is

25 that it's in her lymph nodes, so not contamination,

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1 Q. Okay. And what did Dr. Schwartz say

2 about whether he believed Ms. Converse had

3 endometriosis?

4 A. I don't recall what he said, but there

5 is no pathologic evidence that she had endometriosis.

6 Q. Did you consider Dr. Schwartz's

7 testimony based on the path report that [REDACTED]

8 [REDACTED]?

9 MS. THOMPSON: Objection.

10 THE WITNESS: I don't recall exactly

11 what he said.

12 We know that endometriosis is

13 associated with clear cell carcinoma, but not

14 everybody with endometriosis develops clear cell

15 carcinoma. And not all clear cell carcinomas arise

16 from endometriosis.

17 BY MS. BROWN:

18 Q. The increased risk of a woman who has

19 endometriosis developing clear cell carcinoma is more

20 than a thousand percent.

21 Have you looked at that --

22 MS. THOMPSON: Objection.

23 THE WITNESS: A thousand percent of

24 what?

25 BY MS. BROWN:

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1 Q. Any increased risk.
2 A woman who has endometriosis is at
3 more than a thousand percent increased risk of
4 developing clear cell carcinoma.
5 Have you looked at that?
6 MS. THOMPSON: Objection.
7 THE WITNESS: I'm not aware of that.
8 BY MS. BROWN:
9 Q. One of the things I thought I saw you
10 review in connection with your opinion here is Dr.
11 Ann McTiernan's testimony in the Forrest trial.
12 Did you review that?
13 A. **I'm sorry in the?**
14 Q. Did you review Dr. McTiernan's
15 testimony in the Forrest trial? Does that ring a
16 bell?
17 A. **No.**
18 Q. Okay. Now, I'll show you Dr.
19 Schwartz's testimony in a second, but I want to talk
20 a little bit about your methodology for determining
21 that talc was a cause of Ms. Converse's clear cell
22 cancer.
23 Have you reviewed any published medical
24 literature that provides you with a methodology to
25 determine the specific cause of an individual woman's

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1 deposition. And my opinions in general causation all
2 contribute to my thinking about this individual
3 person.
4 BY MS. BROWN:
5 Q. Describe for me, if you would, your
6 methodology in determining that talcum powder was a
7 specific cause of Ms. Converse's clear cell
8 carcinoma?
9 A. **I looked at her other risk factors of**
10 **which she had none except the family history of**
11 **breast cancer.**
12 **She also had factors in her history**
13 **that reduced the risk of ovarian cancer. So, in**
14 **fact, she should have actually been -- had a lower**
15 **risk because she had two children. She did not have**
16 **a late menopause. She was younger than the average**
17 **age for ovarian cancer. She had -- was not obese.**
18 **She breast fed for 14 months. She used oral**
19 **contraceptives for 12 to 14 years. She had done,**
20 **whether she intended to or not, a lot of things to**
21 **reduce her risk of ovarian cancer. So the only two**
22 **things that are sitting out there, aside from bad**
23 **luck, were her family history of breast cancer in one**
24 **person, and the use of talcum powder for nearly 45**
25 **years.**

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1 ovarian cancer?
2 A. **No.**
3 Q. Do you believe that the Bradford Hill
4 criteria addressed specific causation?
5 A. **Specific causation for an individual**
6 **person?**
7 Q. Right.
8 A. **I'm not sure I can offer an opinion**
9 **about that right now.**
10 Q. Sitting here today, you're not of the
11 opinion that the Bradford Hill criteria inform an
12 individual's specific causation opinion that talc
13 caused an individual woman's ovarian cancer?
14 MS. THOMPSON: Objection.
15 THE WITNESS: A specific individual I
16 would -- I don't have an opinion about that right
17 now. I have to think a little bit more on that
18 topic.
19 BY MS. BROWN:
20 Q. Is it fair to say you did not employ
21 the Bradford Hill criteria in forming your specific
22 causation opinion regarding Ms. Hilary Converse?
23 MS. THOMPSON: Objection.
24 THE WITNESS: Well, it contributed to
25 what we talked about in the first part of this

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1 Q. So in terms of just going back to my
2 question, your methodology for determining that talc
3 was the specific cause of an individual woman's
4 ovarian cancer is to look at that woman's potential
5 other risk factors, is that right?
6 MS. THOMPSON: Objection.
7 THE WITNESS: Yes. And if I could just
8 make -- continue to make myself clear, talcum powder
9 isn't the only cause. You keep saying cause of
10 ovarian cancer. It is a contributing cause, it's a
11 causative factor.
12 BY MS. BROWN:
13 Q. Right.
14 And I'm trying to understand your
15 opinion on that.
16 I mean talcum powder needs something
17 more to cause ovarian cancer, in your view?
18 MS. THOMPSON: Objection.
19 THE WITNESS: Other things happen in
20 addition to talcum powder.
21 BY MS. BROWN:
22 Q. And in terms of an individual woman's
23 ovarian cancer, what portion of that was caused by
24 talc versus these other things, science doesn't know
25 the answer to that, is that fair?

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1 MS. THOMPSON: Objection.
2 THE WITNESS: We don't know that, but
3 in my clinical opinion, when you look at her risk
4 factors and factors that reduce her risk, there is
5 not much left except the history of breast -- family
6 history of breast cancer and excessive use of talcum
7 powder for 45 years that would be causative factors
8 for ovarian cancer.
9 BY MS. BROWN:
10 Q. We'll talk about that.
11 What literature do you rely on that
12 having children reduces your risk of ovarian cancer
13 versus not having children increasing your risk of
14 ovarian cancer?
15 A. **It's not that not having children**
16 **increases the risk, it's that having children**
17 **decreases the risk.**
18 Q. And what are you relying on for that?
19 A. **There is so much literature that is**
20 **there, that's just an established protective factor**
21 **of pregnancy and breast feeding and birth control**
22 **pills.**
23 Q. Now, one of the articles that you
24 brought with you today was the 2021 O'Brien article
25 with the co-author Nicolas Wentzensen.

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1 If you don't mind taking that out,
2 Doctor, I want to ask you a question about that.
3 And for the Nicolas Wentzensen article,
4 would you turn to page 9, the first paragraph that
5 begins independent of the underlying cause, the
6 association between powder use and ovarian cancer
7 risk is weak.
8 A. **You know, I'm sorry, I have a -- a**
9 **pre-embargo copy that has different page numbers on**
10 **it.**
11 Q. Oh, okay.
12 It's in the conclusion section.
13 A. **Okay.**
14 Q. And it's one, two, three, four -- looks
15 like it should be the fourth full paragraph in
16 conclusion that begins: Independent of the
17 underlying cause.
18 A. **Let me just see what your page looks**
19 **like. It should be formatted the same.**
20 Q. So you have a different -- I'm talking
21 about this is O'Brien 2020.
22 A. **Yes.**
23 Q. And one of the articles that I think
24 was in your packet this morning is O'Brien 2021 with
25 Nicolas Wentzensen.

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1 A. **Wentzensen is the lead author.**
2 Q. I should have said that. That's my
3 fault.
4 And if you look at, my copy is page 9,
5 the paragraph that starts with: Independent.
6 Right at the top of the page.
7 A. **Yes. Okay. That's the same as my**
8 **page.**
9 Q. Okay. Perfect.
10 So this paragraph begins: Independent
11 of the underlying cause, the association between
12 powder use and ovarian cancer is weak.
13 Do you agree with that?
14 A. **It depends upon how you define weak.**
15 **If 20 to 30 percent increased risk of ovarian cancer**
16 **is caused by talcum powder, then personally I think**
17 **that's not weak when we've got women dying from**
18 **ovarian cancer.**
19 Q. Well, they go on to explain: The low
20 relative risk translates to a very low absolute risk
21 increase given the rarity of ovarian cancer.
22 Do you believe that that is true?
23 A. **It does translate into a very low**
24 **relative risk, but I don't think it's worth accepting**
25 **any risk to increase the risk of ovarian cancer.**

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1 Q. Skipping to the sentence that begins
2 "given."
3 Do you see that?
4 A. **Yes.**
5 Q. Given the inability to attribute a
6 clear causal factor to the observed association, the
7 lack of a good experimental model, the lack of a
8 specific biomarker for powder-related
9 carcinogenesis --
10 A. **Got it.**
11 Q. -- and the ability to rule out
12 confounding by indication, it is difficult to
13 conclude that the observed associations are causal.
14 Do you agree with that?
15 A. **No. I think they're -- they're packing**
16 **a lot into that sentence that needs to be unpacked.**
17 Q. Yeah, and that's really why I wanted to
18 talk to you about this sentence, because one of the
19 things you know that Wentzensen and O'Brien talk
20 about is the inability in this body of epidemiology
21 to rule out the possibility that an unknown
22 confounder is driving the relative risks we're seeing
23 in some of the case-control studies. Have you
24 considered that in forming your specific causation
25 opinion regarding Ms. Converse?

Pages 278 to 281

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1 MS. THOMPSON: Objection.
 2 THE WITNESS: I will not be saying that
 3 unless there is new evidence.
 4 BY MS. BROWN:
 5 Q. Okay. And the same would be true for
 6 heavy metals or fragrances, you're not going to come
 7 to trial and say it's the particular heavy metal or a
 8 particular fragrance component of baby powder that
 9 caused her ovarian cancer?
 10 MS. THOMPSON: Objection.
 11 THE WITNESS: I will just be saying
 12 Johnson's Baby Powder was one of the causes of her
 13 ovarian cancer.
 14 BY MS. BROWN:
 15 Q. Are you aware of whether or not any
 16 bottle of Johnson's Baby Powder that Ms. Converse
 17 claims to have used was ever tested for any potential
 18 contaminants?
 19 A. **I didn't see any of that in the**
 20 **depositions.**
 21 Q. Have you ever determined the cause of
 22 an individual woman's clear cell ovarian cancer?
 23 MS. THOMPSON: Objection.
 24 THE WITNESS: I think there are causes.
 25 We don't stick with one cause, but there is multiple

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1 it was that Ms. Converse's clear cell carcinoma began
 2 to develop?
 3 A. **No.**
 4 MS. THOMPSON: Objection.
 5 BY MS. BROWN:
 6 Q. I understand from your earlier
 7 testimony that you believe the latency period from
 8 ovarian cancer can be anywhere from 20 to 30 or 40
 9 years, is that your opinion as it relates to
 10 Ms. Converse?
 11 A. **Yes.**
 12 Q. And you rely on the Taher article from
 13 2019, right?
 14 A. **Which article?**
 15 Q. Taher. The most recent meta that
 16 Health Canada relied on?
 17 A. **Taher. I'm sorry. I'm hearing S.**
 18 **Taher, that's one of the articles I --**
 19 **it's another meta-analysis, the most recent**
 20 **meta-analysis.**
 21 Q. Taher notes that the recognized latency
 22 period for ovarian cancer is 15 to 20 years.
 23 Do you disagree with that?
 24 A. **I think it could be longer.**
 25 Q. Could it be shorter?

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1 causes that result in the mutation that cause the
 2 cancer.
 3 Having said that, I don't think that
 4 any of us know what those mutations are specifically.
 5 BY MS. BROWN:
 6 Q. And what you're saying is in any
 7 individual woman, we don't know all of the causes
 8 that come together to cause the mutation that cause
 9 clear cell carcinoma?
 10 MS. THOMPSON: Objection.
 11 THE WITNESS: Yes. We know some of the
 12 causes, but not always all of them.
 13 BY MS. BROWN:
 14 Q. Do you believe that clear cell
 15 carcinoma, like the kind Ms. Converse had, has the
 16 same etiology as high-grade serous carcinoma?
 17 MS. THOMPSON: Objection.
 18 THE WITNESS: I think, as we talked
 19 about before the break, there are different pathways,
 20 but what causes some of those mutations that add up
 21 to cause that cancer can be similar across the
 22 different epithelial ovarian cancers. And then some
 23 pathways are different.
 24 BY MS. BROWN:
 25 Q. Did you make a determination about when

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1 A. **Could be. We don't know for sure. It**
 2 **just -- the exposure -- you don't get cancer the day**
 3 **you get exposed to talcum powder or the day you get**
 4 **exposed to human papillomavirus or cervical cancer.**
 5 **So there is a time frame that has to occur to get the**
 6 **mutations -- to get enough mutations to then have**
 7 **that malignant transformation. And then from the**
 8 **time the A cell becomes malignant, it takes time for**
 9 **those cells to multiply, to multiply, to become an**
 10 **obvious cancer. We don't know when it actually**
 11 **started.**
 12 Q. Do you think the time frame, the
 13 latency period including 15 to 20 years, is
 14 reasonable for ovarian cancer?
 15 A. **Yes.**
 16 MS. THOMPSON: Objection.
 17 BY MS. BROWN:
 18 Q. Do you believe that in any individual
 19 woman, like Hilary Converse, for example, that you
 20 should discount like the previous ten years before
 21 her diagnosis as not contributing to the development
 22 of her ovarian cancer, if that makes sense?
 23 MS. THOMPSON: Objection.
 24 THE WITNESS: I'm not quite sure I
 25 understand the ten years before her -- before her

Pages 294 to 297

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1 opinion was that inflammation was the cause of clear
2 cell cancer. And you did not have an opinion on that
3 in 2019, right?

4 **A. Yes.**

5 Q. What has changed since 2019 that has
6 allowed you to conclude that talc is inducing
7 inflammation that is causing clear cell cancer?

8 **A. Because I now believe, based on the**
9 **Terry's pooled study with a large number of patients**
10 **that overcomes the lack of power, that talcum powder**
11 **causes clear cell carcinoma, and that the mechanism**
12 **by which talcum powder causes cancer is inflammation.**

13 Q. Are you relying on any other published
14 study besides Terry for your case-specific opinion
15 that Ms. Converse's use of talcum powder caused her
16 clear cell cancer?

17 **A. I think there might be another study,**
18 **but Terry is certainly the strongest.**

19 Q. But how do you reconcile Terry with
20 studies like Penninkilampi that show no association
21 with clear cell?

22 What's the methodology for valuing
23 Terry differently than Penninkilampi?

24 MS. THOMPSON: Objection.

25 THE WITNESS: I'll have to look at that

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1 Q. Have you explored the discrepancy in
2 the clear cell data from the New England consortium
3 that's reported in Terry's paper versus the same data
4 on clear cell from that same consortium reported in
5 Cramer, 2016?

6 MS. THOMPSON: Objection.

7 THE WITNESS: No, I wasn't aware of
8 that.

9 BY MS. BROWN:

10 Q. Do you have any idea what I'm talking
11 about?

12 **A. No.**

13 Q. Do you have any reason to know or
14 understand why Terry would be reporting many more
15 cases of clear cell cancers in the same data set as
16 Cramer in 2016 who does not report the same number of
17 clear cell cancers?

18 MS. THOMPSON: Objection.

19 THE WITNESS: I don't understand or
20 know the difference.

21 BY MS. BROWN:

22 Q. If there is something wrong or mistaken
23 about a portion of the data that Terry 2013 relies on
24 for clear cell, is there anything else you're relying
25 on for your opinion that talcum powder exposure

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1 more carefully.

2 BY MS. BROWN:

3 Q. Sitting here today, you're not aware of
4 your methodology for relying on Terry's finding that
5 there was an association with clear cell and not
6 relying on Penninkilampi finding that there was no
7 association with clear cell, right?

8 MS. THOMPSON: Objection.

9 THE WITNESS: Well, there have been
10 many studies that show no association that are
11 smaller and underpowered, and I would have to look
12 back at Penninkilampi's paper to see whether it's
13 powered enough, and probably sit with a statistician.

14 On the other hand, the Terry paper is
15 compelling in its results that they report.

16 BY MS. BROWN:

17 Q. You know that Penninkilampi is a more
18 recent meta-analysis than the pooled study that Terry
19 did in 2013?

20 **A. Yes, it's more recent.**

21 Q. And do you have an opinion sitting here
22 today about whether Penninkilampi or Terry looked at
23 more cases of clear cell cancer?

24 **A. I would have to look at those papers**
25 **again to understand -- to give you the numbers.**

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1 causes clear cell carcinoma?

2 MS. THOMPSON: Objection.

3 THE WITNESS: You mean if we discard
4 Terry's -- hypothetically discard his findings?

5 BY MS. BROWN:

6 Q. Yes.

7 **A. I believe there was another study, but**
8 **I can't remember, it wasn't as conclusive as far as I**
9 **was concerned, but did show an association.**

10 Q. Here is what I want you to assume for
11 me: That Dr. Cramer, 2016, and Dr. Terry, 2013, are
12 looking at the same data on clear cell.

13 **A. Um-hum.**

14 Q. Okay?

15 And I want you to assume for me that
16 Dr. Terry is misreporting the number of cases of
17 clear cell, but Dr. Cramer gets it right.

18 Okay?

19 MS. PARFITT: Objection.

20 THE WITNESS: Cramer is correct?

21 BY MS. BROWN:

22 Q. Yes.

23 And you know that Cramer, 2016, he
24 finds no association with clear cell, right?

25 MS. THOMPSON: Objection.

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1 THE WITNESS: As you get older, you
2 start building up more mutations that ultimately
3 transform into ovarian cancer.
4 BY MS. BROWN:
5 Q. It's not like at age 63 you start
6 developing those mutations, right?
7 A. **That's correct.**
8 Q. All right. So by the time Ms. Converse
9 reached the age of her diagnosis which is 58, she had
10 developed a number of mutations that contributed to
11 cause her ovarian cancer just based on her age alone,
12 right?
13 MS. THOMPSON: Objection.
14 THE WITNESS: That's certainly
15 possible.
16 BY MS. BROWN:
17 Q. So you would consider her age at 58
18 years old to be a contributing cause to her ovarian
19 cancer?
20 MS. THOMPSON: Objection.
21 THE WITNESS: Yes.
22 BY MS. BROWN:
23 Q. And we already talked about the fact
24 that you considered her family history of breast
25 cancer to be a cause of her ovarian cancer, correct?

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1 A. **One of the potential causes, yes.**
2 Q. Did you consider Ms. Converse's use of
3 hormone replacement therapy to be a cause of her
4 ovarian cancer?
5 A. **No, because -- let me just take a look**
6 **at my notes for a minute.**
7 Q. Sure.
8 A. **She used it, as best we understand, for**
9 **six years. And the evidence that I'm aware of says**
10 **that ten years exposure increases the risk.**
11 MS. BROWN: Could we take a look at tab
12 37, please?
13 (Exhibit 26, medical record for Hilary
14 Converse, is marked for identification)
15 BY MS. BROWN:
16 Q. Doctor, we are going to mark as Exhibit
17 26 to your deposition a medical record for Hilary
18 Converse. The medical record I've shown you comes
19 from the Smilow Breast Surgery-Yale New Haven
20 Hospital.
21 Do you see that?
22 Down at the bottom it says Yale New
23 Haven.
24 A. **I'm sorry. I lost you here. This is a**
25 **Memorial Sloan-Kettering --**

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1 Q. I can mark mine. We gave you the wrong
2 one.
3 Let me just hand you one.
4 I'm going to highlight it and I'll ask
5 you from my notes.
6 The medical record from Yale New Haven
7 Hospital, we'll find the copy, it's from [REDACTED]
8 [REDACTED]. It doesn't really have a title, it just
9 has her name on it.
10 But the Bates is Hilary underscore Yale
11 New Haven Hospital 00345 and it's a medical record
12 from [REDACTED].
13 And on the second page, Doctor, when
14 you have a chance to orient yourself, could I direct
15 you to the section entitled [REDACTED]
16 [REDACTED]?
17 A. **Yes.**
18 Q. And one of the things it says here is
19 that, [REDACTED]
20 [REDACTED]
21 Do you see that?
22 A. **Yes.**
23 Q. Do you believe that [REDACTED]
24 [REDACTED] increased her risk of ovarian cancer?
25 A. **Knowing that she's had a full panel of**

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1 **genetic testing, then the answer is no.**
2 Q. It says: [REDACTED]
3 [REDACTED]
4 [REDACTED].
5 Do you believe that to be true that [REDACTED]
6 [REDACTED]?
7 A. **I'm not aware of that. Is this an**
8 **error in the medical record here?**
9 Q. Okay.
10 Towards the end of this paragraph it
11 says, the last sentence: [REDACTED]
12 [REDACTED]
13 [REDACTED].
14 Do you see that?
15 A. **Yes.**
16 Q. And you believe the literature supports
17 that [REDACTED] increases a woman's risk
18 of ovarian cancer?
19 A. **In women that [REDACTED] only.**
20 **[REDACTED] reduces the**
21 **risk.**
22 Q. You do not believe that her [REDACTED]
23 [REDACTED] increased her risk of ovarian
24 cancer?
25 A. **No.**

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1 risk for breast and ovarian cancer.
 2 THE WITNESS: Yes. That doesn't
 3 suggest that she should have her tubes and ovaries
 4 removed when she's 40.
 5 BY MS. BROWN:
 6 Q. You report [REDACTED]
 7 [REDACTED]
 8 [REDACTED]
 9 [REDACTED]
 10 [REDACTED]
 11 Did you review that?
 12 A. I believe I read that.
 13 Q. Did you consider that same letter that
 14 states: [REDACTED]
 15 [REDACTED]
 16 [REDACTED]?
 17 MS. THOMPSON: Objection.
 18 THE WITNESS: Yes.
 19 BY MS. BROWN:
 20 Q. Did you review one risk factor that you
 21 claim is not present in Ms. Converse is
 22 endometriosis, right?
 23 A. Yes.
 24 MS. THOMPSON: How much longer do you
 25 have?

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1 MS. BROWN: I know but this is the time
 2 I'm allotted, so. I'm not going to go over my seven
 3 hours, of course.
 4 MS. PARFITT: Let's go off record.
 5 (Off-the-record discussion)
 6 (Recess is taken)
 7 BY MS. BROWN:
 8 Q. All right. Welcome back. Let's try to
 9 finish up.
 10 Doctor, still talking about Ms.
 11 Converse's case and your conclusion on page 16 of
 12 your report that there was no evidence of
 13 endometriosis by history, surgical evaluation or
 14 pathologic testing, right?
 15 A. Yes.
 16 Q. Okay. Did you review Ms. Converse's
 17 operative report from [REDACTED]?
 18 A. I'm sorry. Give me the date again,
 19 please.
 20 Q. Sure. [REDACTED], her
 21 operative --
 22 A. When she had her ovarian cancer
 23 surgery?
 24 Q. Correct.
 25 A. Yes.

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1 Q. And you know that at that time, her
 2 post-op diagnosis was actually [REDACTED]
 3 [REDACTED], right?
 4 MS. THOMPSON: Objection.
 5 THE WITNESS: I remember that based on
 6 the frozen section report.
 7 BY MS. BROWN:
 8 Q. Right.
 9 And, in fact, her pathology report from
 10 that same day frozen section, as you referenced,
 11 said: [REDACTED],
 12 right?
 13 A. I believe so.
 14 Q. Did you review Dr. Schwartz's testimony
 15 about the significance of those early classifications
 16 of her tumor as [REDACTED]?
 17 A. I don't recall what he said about that
 18 frozen section report.
 19 Q. Dr. Schwartz was asked at page 31,
 20 lines 11 to 32/4 of his deposition: Was there
 21 anything unusual or remarkable about this pathology
 22 report, in your mind?
 23 His answer was: No, nothing unusual.
 24 Question: This report is similar to
 25 the reports you see for many patients, correct?

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1 Yes, that's right.
 2 He was asked: Is there anything in
 3 this pathology report that would have told you, as
 4 the clinician, what was the cause of her cancer?
 5 And Dr. Schwartz testified that: What
 6 this pathology report tells me is that [REDACTED]
 7 [REDACTED]
 8 [REDACTED]
 9 [REDACTED]
 10 [REDACTED].
 11 Did you review that testimony?
 12 A. Do I agree with it?
 13 Q. Did you review it?
 14 A. I reviewed it, yes.
 15 Q. So at the time you concluded that there
 16 was no evidence of endometriosis and that talc was a
 17 cause of Ms. Converse's cancer, you were aware that
 18 her treating physician believed that [REDACTED]
 19 [REDACTED], right?
 20 A. There is -- Dr. Schwartz believed that
 21 [REDACTED]. At the time
 22 of surgery where he could look into her pelvis, [REDACTED]
 23 [REDACTED] one. And
 24 [REDACTED]
 25 that's most important.

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1 Secondly, [REDACTED]
 2 [REDACTED]
 3 [REDACTED]
 4 [REDACTED]
 5 [REDACTED]
 6 [REDACTED]
 7 [REDACTED]
 8 [REDACTED].

9 The frozen section report [REDACTED]
 10 [REDACTED]
 11 [REDACTED]
 12 [REDACTED]

13 Q. You disagree with her treating
 14 physician, Dr. Schwartz's testimony, that [REDACTED]
 15 [REDACTED]
 16 [REDACTED]?

17 MS. THOMPSON: Objection.

18 THE WITNESS: I don't disagree with
 19 him. It's possible that -- we know that
 20 endometriosis is associated with clear cell and
 21 endometrioid carcinoma, so I would agree that that's
 22 what Dr. Schwartz is saying. But, in fact, she
 23 doesn't have endometriosis.

24 BY MS. BROWN:

25 Q. But you didn't look at any of her

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1 cancer?

2 A. I've said that before.

3 Q. Can endometriosis alone cause clear
 4 cell cancer?

5 MS. THOMPSON: Objection.

6 THE WITNESS: I don't think we know
 7 that.

8 BY MS. BROWN:

9 Q. Dr. Schwartz was asked during his care
 10 and treatment of Ms. Converse if he came to the
 11 conclusion that talcum powder use caused her ovarian
 12 cancer, and he testified he did not.

13 Did you read that?

14 MS. THOMPSON: Objection.

15 MS. PARFITT: Page number, if you will.

16 MS. BROWN: Sure thing. 59/9 to 13.

17 BY MS. BROWN:

18 Q. Did you read that, Doctor?

19 MS. THOMPSON: Objection. We'll get it
 20 first.

21 MS. BROWN: I'll just read it into the
 22 record. 59/9.

23 BY MS. BROWN:

24 Q. During your care and treatment of
 25 Ms. Converse, did you ever come to the conclusion

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1 pathology under the microscope yourself?

2 A. I didn't look myself. But the
 3 pathology report, [REDACTED]
 4 [REDACTED]
 5 [REDACTED].

6 Q. And you didn't ask to speak to Dr.
 7 Schwartz about why it is that he testified under oath
 8 that he thinks [REDACTED]
 9 [REDACTED], right?

10 A. I don't need to talk to Dr. Schwartz
 11 about that. I understand what he's saying.

12 Q. But do you think in terms of who has
 13 more information about the medical history regarding
 14 Ms. Converse, Dr. Schwartz probably has more than you
 15 do?

16 MS. THOMPSON: Objection.

17 THE WITNESS: Based on his opinion at
 18 the time of surgery, which is the question in your
 19 deposition -- of his deposition, his interpretation
 20 at the time of surgery based on her frozen section
 21 report, [REDACTED] I won't disagree with
 22 him that's what he thought at the time.

23 BY MS. BROWN:

24 Q. If Ms. Converse had endometriosis, can
 25 you agree that increased her risk for clear cell

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1 that talcum powder use caused her ovarian cancer?

2 His answer was: No, I did not.

3 Did you read that?

4 A. Yes.

5 Q. Did you consider that in forming your
 6 opinion in this case?

7 A. Yes.

8 Q. You disagree with Dr. Schwartz,
 9 correct?

10 A. I disagree.

11 Q. Other than age, family history of
 12 breast cancer and talc use, have you identified any
 13 other causes of Ms. Converse's clear cell carcinoma?

14 MS. THOMPSON: Objection.

15 THE WITNESS: No.

16 BY MS. BROWN:

17 Q. Are you of the opinion that it's
 18 possible that Ms. Converse has a genetic mutation
 19 even though [REDACTED]?

20 MS. THOMPSON: Objection.

21 THE WITNESS: Anything is possible, but
 22 she's had [REDACTED]
 23 [REDACTED].

24 BY MS. BROWN:

25 Q. Did you consider Ms. Converse's smoking

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1 CERTIFICATE

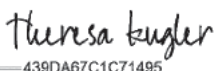
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I, Theresa Mastroianni Kugler, a Notary Public and Certified Shorthand Reporter of the State of New Jersey, do hereby certify that prior to the commencement of the examination, DANIEL L. CLARKE - PEARSON, MD, was duly sworn by me to testify the truth, the whole truth, and nothing but the truth.

I DO FURTHER CERTIFY that the foregoing is a true and accurate transcript of the testimony as taken stenographically by and before me at the time, place, and on the date hereinbefore set forth, to the best of my ability.

I DO FURTHER CERTIFY that I am neither a relative nor employee nor attorney nor counsel of any of the parties to this action, and that I am neither a relative nor employee of such attorney or counsel, and that I am not financially interested in the action.

DocuSigned by:



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Theresa Mastroianni Kugler, C.S.R.
Certified Court Reporter
Certificate No. XIO857
Date: August 30, 2021

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